

Agency Report of: Public Official Appointments

A Public Document

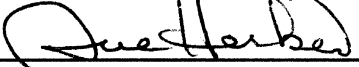
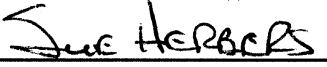
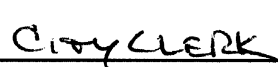
1. Agency Name		California Form 806 For Official Use Only
City of Torrance		
Division, Department, or Region (If Applicable)		
N/A		
Designated Agency Contact (Name, Title)		Date Posted: August 15, 2012 <small>(Month, Day, Year)</small>
Sue Herbers, City Clerk		
Area Code/Phone Number (310) 618-2870	E-mail SHerbers@TorranceCA.Gov	
Page <u>1</u> of <u>1</u>		

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Municipal Area Express	▶ Name <u>Brewer, Tom</u> <small>(Last, First)</small> Alternate, if any <u>Sutherland, Bill</u> <small>(Last, First)</small>	▶ <u>07 / 13 / 10</u> <small>Appt Date</small> ▶ <u>until replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>25.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Sanitation Districts of Los Angeles County	▶ Name <u>Scotto, Frank</u> <small>(Last, First)</small> Alternate, if any <u>Numark, Cliff</u> <small>(Last, First)</small>	▶ <u>07 / 13 / 10</u> <small>Appt Date</small> ▶ <u>until replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>187.50</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Southern CA Association of Government	▶ Name <u>Scotto, Frank</u> <small>(Last, First)</small> Alternate, if any <u>Brewer, Tom</u> <small>(Last, First)</small>	▶ <u>07 / 13 / 10</u> <small>Appt Date</small> ▶ <u>until replaced</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
West Vector Control District of LA County	▶ Name <u>Furey, Pat</u> <small>(Last, First)</small> Alternate, if any <u>None</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 11</u> <small>Appt Date</small> ▶ <u>2 years</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.




8/15/12

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____